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Relationship between Organizational Culture and Change Management at Kakamega Provincial Hospital, Kakamega County, Kenya

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Abstract

The current trend of globalization and rapid working environment change has become a challenge for organizational management of change. The purpose of the study therefore was to investigate the relationships between organizational culture and change management at Kakamega provincial hospital. The specific objectives of the study was to establish the relationship between institutional leadership and management of change and to find out the role of training and development in managing change at the KPGH using organizational culture. The data for this study was collected from primary and secondary sources. The study adopted Hofstede's organizational culture theory framework to understand the relationship between organizational culture and change management. Descriptive survey design was adopted for the study. The research instruments were questionnaire and documentary analysis. The study population comprises of senior, middle management staff, general employees, and subordinates staffs. The sample of one hundred and eighty eight respondents was selected for the study using stratified and simple random sampling technique. Correlation analysis was used to establish the relationships between organizational culture and change management in Health sector in Kenya. Results identified element associated with organizational culture in KPGH. The study further established that there is a positive correlation (r= 0.783, p < 0.05) significant relationship between institutional leadership and management of change in KPGH. The study revealed a significant positive correlation (r=0.3.9, P<0.05) between the level of training and development and managing change at the KPGH. This study is significant since it is hoped that findings and recommendation of the study will benefit Kenya government, MOH, Employees of Health institutions, scholars of various fields will use the findings to carry out further research to compliment and supplement the current study.

Key Words: Organizational Culture, change Management, institutional management, training and development

Introduction

The ever-changing business environment produces vast amounts of information concerning trends and events in the technological, political/legal, social and economic environment that might have a substantial effect on the organization and its strategies, (Martino, 1993). This highlights a need for assessing the role of organizational culture in management of change as organizations are facing a continuously changing environment, both locally and globally. Far from all, businesses manage to succeed with their organizational changes. Olson (2008) stressed that if wanting to meet market demands and avoid unnecessary costs it is important to ask the question if we can, in some way, predict, understand or influence the process of change. The purpose of this study is to determine the role of organizational culture in planning and managing a process of change in the health sector in Kenya.

The majority of academic literature has ably described culture and dwelled on measurement and control mechanisms (Hofstede 1991; Schein 1985). However, despite the enthusiasm for organizational culture and its transformational character displayed by

academia, the reality is more ambivalent. Organizational culture is "a contested terrain" (Currie 1996) for two reasons: its definitions are somewhat vague, and the ability to easily or quickly change it is debatable.

This is particularly relevant for the healthcare sector in Kenya because of its long term goals. Healthcare is currently funded by a cost sharing mechanism between patients and the Government. There is a National Health Insurance Fund, but it is only adequate to cover minimal costs for inpatients, and so patients have to dig into their pockets to pay for the vast majority of medical procedures. The Kenyan Government has recognized the cost burden on the patients, and so it has suggested revamping the healthcare system so that all medical care in public hospitals will be funded by the taxpayer. However, this suggestion has been met with mixed reactions from different stakeholders. With such far-reaching changes being contemplated by health service providers, including the Government, it is important for all stakeholders to understand the dynamics of organizational management and how these dynamics interact with cultural change within an organization, such as the healthcare system in Kenya. Thus it is necessary to fully understand what organizational culture is.

Schein (1992) defines organizational culture as "a pattern of shared basic assumptions that organization learn as it solved the problems of external adaptation and internal integration that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems". The author states that culture has three levels: namely artifacts, values, and basic assumptions. In Schein's view, senior management should focus on the third level of culture, basic assumptions, which are the most entrenched, and therefore the hardest element of culture to change. Artifacts (physical objects, such as equipment used, and the size of offices) can be replaced; and new values can be articulated, for example, introducing or

modifying a mission statement or code of ethics. However, unless the basic assumptions are addressed, the organizational culture will likely remain the same or change slightly.

There is considerable research which demonstrates the importance of organizational culture for the successful implementation of change initiatives in public health organizations (Enckell, 1998; Huq and Martin, 2000; Ingersoll, et al, 2000;). There is a consensus among the majority of authors that, when implemented dynamically, management interventions may bring about a culture change (Gerowitz, 1998).Strong culture is said to exist where the staff responds to change because of their alignment to organization values. In such environment, strong cultures help firms operate like well oiled machines, cruising along with outstanding exclusion and perhaps minor tweaking of existing procedures here and there, (Sopow, 2007).

Conversely there is a weak culture where there is little alignment with organization values and control which must be exercised through extensive procedures and bureaucracy. Where culture is strong people do things because they believe it is right to do the things, there is a risk of another phenomenon under this culture which is known as group think. Culture therefore contributes a lot to management of change in health sector in any country.

According to Nzuve (1999), organization is a system whose survival depends on its ability to adopt to changes in an environment. Cole (2000) states that to change something, implies altering it varying or modifying it in some way. Management change is mainly a response to external circumstances which are reactive to change. Changes normally present challenges to an organization and the managers which will require them to adopt emerging changes. Mullins (1991) says organizations usually introduce changes through people unless people are willing to accept the need for organizational change, the intended change cannot change the individuals attitudes and

their behavioural patterns to match their adopting changes.

The current study provides an opportunity to examine the mutual influence between organizational culture and management of change in the healthcare industry.

Statement of the problem

Due to increased changing global health practices, restructuring, standardization, elimination of skill gaps, globalization and technological changes, many public and private health organizations worldwide are faced with the challenge of effective management of workplace changes. For instance, the transition from a health sector that was privately run to a publicly funded healthcare system, as happened with the passing of a healthcare bill in the US, may cause disruptions in the normal way of doing things.

Currently, in Kenya, there is a difference in opinion on whether healthcare should be publicly or privately funded. While there is a nationwide public healthcare system, the level of inefficiency has forced many patients to turn to private hospitals for quality healthcare. In addition, due to insufficient funding, Government-run medical institutions are increasingly being forced to commercialize some of their operations. These changes are taking place within the framework of an organizational culture which used to operate under the interfering. Thus the managers responsible for overseeing these changes have to take into account the organizational culture of public hospitals when implementing change. At Kakamega provincial general hospital, the culture of the public sector has entrenched the 'don't care' attitudes which in most cases lead to poor delivery of services and high costs of service provision. To reverse the downward trend in health sector using organizational culture to manage change, the researcher identifies the gaps and how this research could address some of these. There are also many other insights from the literature that are presented and which could form the basis of new enquiries. This comprehensive overview of the relationship between organizational culture and change management in Health sector in Kenya is a good starting point for any researcher seeking to unpack the processes that lead to exclusion and identify the most important causes. In addition, the current government has introduced performance contracts on employees to enable them change the culture of service delivery so as to improve performance in terms of quality and quantity. Based on this research gap, the study therefore sought to establish the role of culture in effective change management at the public health institutions in Kenya and particularly Kakamega Provincial General Hospital.

Objectives of the study

a) To establish the relationship between institutional leadership and management of change in Kakamega Provincial General Hospital.

b) To find out the role of training and development organizational culture in managing change at the Kakamega provincial hospital.

Research Questions

To answer the above objectives the following research questions were formulated:

a) What is the relationship between institutional leadership and management of change in the health sector in Kenya?

b) What is the role of training employees in managing change at Kakamega provincial hospital?

Significance of the study

This study is significant since it is hoped that findings and recommendation of the study will benefit different stakeholders as explained

herein. The management team of Health sector in Kenya (Ministry of Medical services and Ministry of public health and sanitation) can use the findings from the study in enhancing and designing policies and strategies that reinforce the use of organizational culture as a strategy for managing change by the government of Kenya.

The management of various organizations would use the findings to formulate policies of organizational culture and strategies of change management in the contemporary world to enable complaints with the competitive changing market. If change is properly managed, management would be able to motivate the employee and increase the levels of productivity and efficiency. The study will be useful to the management of Health sector authorities in their efforts to implement reform policies towards managing planned changes in these institutions. It will also be useful in other researchers' organizations and government in making and implementing policies to minimize failure of planned organizational change and maximize job performance.

Organizational change is inevitable for organizational sustainability; therefore this study will necessitate appropriate culture change that will implement various alternatives to management of change in the pubic Heath hospitals in Kenya. The outcome of the study will be informative in helping the Kenya government through the ministries of Medical services and public health and sanitation in the use of organizational culture as a strategy for management of change

The findings are considered to have made a significant contribution by advancing the organizational culture literature to a better understanding of the influence of organizational culture contexts on management of change among employees in Kakamega Provincial General Hospital. The study purport that practicing these elements of organizational culture in such an organization is able to yield better and long-lasting results in this prominent area.

Justification of the study

This study is justified because it was carried out when management of change was a common phenomenon in all health sector organizations. It was also carried out when various change programs had been implemented in the Kenyan health sector and patients, employees and the government are experiencing its effects. It is also justified because management of change is now taking place in all sectors of economy and every other person is required to embrace management change and adopt it in his/her day to day activities.
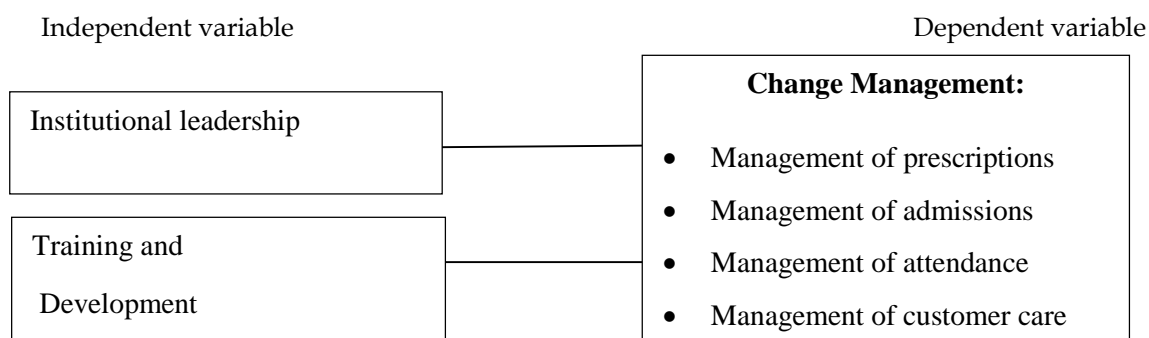
Theoretical framework

This study adopted Hofstede's (1983) Organizational Culture Theory framework to understand the organizational characteristics and the relationship between organizational culture and change management in health sector within the context of the Kakamega provincial hospital, Kenya. According to the organizational culture theory, Hofstede demonstrated that there are national and regional cultural groupings that affect the behaviour of organizations. Hofstede identified five characteristics of culture in his study of national influences: collectivism-individualism, power distance, uncertainty avoidance, as well as masculinity-femininity, and long term-short term orientation. Long term-short term orientation is the fifth dimension of Hofstede which was added after the original four to try to distinguish the difference in thinking across the world. From his original IBM studies, this difference was something that could not be deduced. Therefore, Hofstede created a value survey which was distributed across 23 countries that became the fifth cultural dimension. Hofstede's (1983) Organizational Culture Theory framework Culture Connection (1987) brings Hofstede's work up to date (Jackson and Bak, 1998). The researcher borrowed Hofstede's framework to help to understand the organizational characteristics and relationship between organizational culture and change management. The organizational culture

theory was used to understand the conceptual relationship between the elements of organization culture which includes: institutional leadership, training and development and technology.

Fig 1: Conceptual framework of relationship between variable

Independent variable

Dependent variable

Institutional leadership

Training and Development

Change Management:

- Management of prescriptions
- Management of admissions
- Management of attendance
- Management of customer care

2.0 LITERATURE REVIEW

The Concept of Organizational Culture

Every organization is affected to some extent by its culture, or its way of going about its business. Even if there is no single generally accepted definition of culture, or even of the culture of an organization (Schein, 1992), however, it is necessary to compare different definitions. To begin with, Schein (1992) defines the culture of a group as: "A shared pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think and feel in relation to these problems."

In order to address these concerns, Tunstall (1983) defines organizational culture as "a general constellation of beliefs, mores, customs, value systems, behaviour norms, and ways of doing business that are unique to each corporation, that set a pattern for corporate activities and actions, and that describe the implicit and emerging patterns of behaviour and emotions characterizing life in the organization." This definition allows for different organizational cultures for different organizations, and also acknowledges that

organization culture is dynamic with changing time. This means that organizational culture can be used to facilitate change within an organization.

This view contradicts the opinion of many authors, who perceive culture to be a stable, conservative and resistant force that can be changed only through management intervention. For example, Hendry (1999) stated that culture, including organizational culture, is resistant to change "Because of its deeply embedded nature." However, the author ignored that culture itself is subject to change and that in the hands of skilful management, culture can be manipulated to allow for greater change within an organization. Nevertheless, such a process will take time, so as to overcome the resistance to change from conservative elements in the organization.

Mobley et al. (2005) indicate that a strong organizational culture can be a primary generator of real motivation and commitment. In a strong and cohesive culture, the organizations core values are both intensely held and widely shared. This high intensity of common beliefs makes it relatively easier to draw consensus among employees, to build a focus on important goals and objectives, to reduce potential conflicts, to cultivate a

learning environment, and to lower staff turnover. This may be true of stable organizations which are comfortable with their current state of affairs. In organizations which are undergoing major, fundamental changes, the high levels of consensus and the absence of conflict referred to by the authors may disappear, due to opposition to change and even people leaving the organization. In this way, a strong organizational culture may have detrimental effects on the process of change, especially if it is not managed skillfully.

Organizational culture is commonly conceptualized as dynamic (Frank and Farhrbach, 1999; Hatch, 1993; Schein, 1996), multifaceted (Harrison, 2000) and layered (Detert et al., Hofstede et al., 1990; Schein, 1992). The conclusions that can be drawn from these authors is that while change may be opposed by entrenched organizational cultures, an alternative way of making changes happen is to begin by changing the culture itself, after which the changes to the organization will take place smoothly. This is confirmed by Martins and Terblanche (2003), who suggest that structure and culture in organizations exist in close alignment. Structure is one of the determinants of culture, and conversely, culture has an influence on the organizational structure and operational systems in an organization.

Concept of Management of Change

Heraclitus of Ephesus said in 500 BC "Everything flows and nothing abides. Everything gives way and nothing stays fixed". Just as any living organism needs to keep harmony with the ever- changing environs for its survival, so an organization needs to respond to changes in the market, governments, communities, even the weather, "survival of the fittest" is the unwritten but radical rule of this game(Kenyatta university open learning, 2002). According to Kanter, (1994), change can be regarded as the process of analyzing the past to elicit the present actions required for the future. It encompasses moving from a present state; through a transition state to a future desired state. Change can also be defined to mean an alteration in the existing field of forces that tends to affect the status quo. In order for equilibrium to be restored, action has to be taken.

Armstrong, (2003) is of the view that change can create instability with disharmony and surprise. The organizations culture can create solidarity and can inspire commitment and productivity. The organization's culture can actively and forcefully work against an organization when change becomes necessary. If not properly managed, change can decrease morale, motivation, commitment and create conditions of conflict within an organization.

Collin (1994), suggested that effectiveness must include the ability to identify the right things to do in the future, the right products and services to offer, the appropriate technologies to exploit, the best procedures and structures to introduce, to find, recruit and retain people with appropriate skills. Effectiveness also requires the ability to adopt in order to achieve these new tasks. Effectiveness, therefore, entails the capacity to adapt to changing circumstances.

Institutional Leadership and Management Change

Steward et al. (2000) suggested that in implementation of change, the issues of organizational culture relating to risk orientation and user involvement are key. Moreover, leadership practices within the change management programs are important in overcoming resistance, but leadership alone may not overcome other cultural aspects impeding the adoption and exploitation of change. Therefore, an organization's existing culture is therefore, likely to have profound effects on the planning process, the implementation process and in the operation of the completed project. It would be naive for managers to think that they can entirely abolish organizational practices that may have served an organization well for decades. For this

reason, managers attempting cultural change in order to change an organization should identify the negative aspects of the organizational culture and seek to change them, rather than condemning the whole culture.

Role of Training and Technology on Management Change

Training and development can be defined as the process of providing employees with specific skills or helping those correct deficiencies in their performance (Poh, 2001). Previous empirical studies have provided extensive evidence that training and development facilitate the updating of skills, and lead to increased commitment, well-being, and sense of belonging, thus directly strengthening the organization's competitiveness (Acton and Golden, 2002; Karia and Ahmad, 2000; Karia, 1999). Bartlett (2001) found that perceived access to training, social impact of training, motivation to learn, and perceived benefits of training are positively related to organizational commitment and consequently to organizational change.

According to Cherrinton (1995), a successful training and education program creates more favourable employee attitudes and loyalty and helps employees in their personal development and advancement. Moreover, Deming (1986) stresses the importance of education and training for continual updating and improvement, identifying one source of human motivation at work as intrinsic motivation: the desire to grow; learn and to develop oneself. Appropriate training at an early stage of the organizational change process can be used to forestall the mutterings of discontent that would otherwise arise from those who are resistant to change.

Zwell (2000) states that a successful culture fosters employee development and encourages employees to become actively engaged in the activities of the organization. The underlying rationale is that an enterprise's response in serving its clients cannot be greater than the collective efforts of its employees. Therefore, staff development and motivation assumes relevance from a cultural perspective. Training, creativity and teamwork are as a consequence of cultural aspects that require attention.

The characteristics of trained personnel are very much in line with a person/task culture. They tend to stand in contrast to the role/power cultures, which constrain employee empowerment and the effective utilization of the inherent intellectual capital that resides within the enterprise. Senge (1995) is of the opinion that the core of the culture transformation is the concept of organizational learning. In learning organizations cultural norms defy business tradition (Senge 1995). Technological and process changes are instrumental in upsetting peoples well-established comfort zones and as a result people tend to experience emotional stress, (Porter 2001). Behaviour is influenced by powerful negative emotions that emanate from stress related conditions and stress has therefore become a workplace issue that needs to be addressed by leaders in managing people through change (Rees and Redfern 2000).

3. RESEARCH METHODOLOGY
Research design
To execute this research, the descriptive method was adopted as research design. This type of research attempted to describe such things as possible behaviour, attitudes, values and characteristics (Mugenda and Mugenda, 1999).

Study area
The study was carried out at the Kakamega Provincial General Hospital which is one of the Provincial General Hospitals in Kenya. Kakamega is the provincial headquarter of Western province and is bordered by Lugari district to the North East, Vihiga to the South East, Mumias district to the West and Bungoma district to the North West (Development Plan, 1994). The hospital is situated along the Kakamega-Kisumu highway, two kilometres from Kakamega town centre. The hospital serves a catchment population of approximately five million people who resides in the province and acts as a referral hospital to

29 health centres, dispensaries and districts hospital.

Target population

Target population is the population marked for the study. It refers to all the units of whatever nature that a researcher intends to study (Leedy, 2005). A population element is therefore, the subject on which the measurement is being taken. The target population of this study comprised of 24 senior management staff, 24 middle management staff, 226 general employees, 112 subordinates' staff and 78 casual staffs.

Table 3.1 Target population

Stratum	Target population
Senior management staff	24
Middle management staff	24
General employees	226
Subordinates staff	112
Casual staffs	78
Total	464

Source: KPGH, 2015

Sampling procedure and Sample size

In each stratum the proportion of male to female was considered, the researcher used 188 (40%) sample from each of the stratum that represents the total population. The study adopted 40% of the study population taking into consideration of missing value analysis. Missing value analysis was designed to highlight missing values as well as to replace them in the data set. Also high level of statistical significance is required (dalen, 1979). This is shown in table 3.2 below.

Table 3.2: Sample size

Stratum	Target population	Sample	Percentage
Senior management staff	24	10	40%
Middle management staff	24	10	40%
General employees	226	91	40%
Subordinates staff	112	45	40%
Casual staffs	78	32	40%
Total	464	188	40%

Source: Field data, 2015

Data collection instruments

Questionnaires

The questionnaire formed the major source of primary data for the study. Orodho (2005) argues that questionnaires are efficient as a research tool because the researcher is likely to obtain personal ideas from a respondent. Self-administered questionnaires containing both closed and open-ended questions were utilized, where possible, to gather some of the data. The questions included multiple-choice questions and open ended question; fill in questions and questions that require ranking of answers. The questions were stated clearly, simplified and structured in a manner to avoid of any kind ambiguity and technical details. The questionnaires were distributed to 188 respondents.

Data collection procedures

Data collection procedures involved distribution of questionnaires and conducting interviews. The questionnaires were given to respondents identified from the sampling design. The researcher designed the questionnaire based on the research questions in the study and was distributed to the

respective employees. The researcher before collecting data from the participant informed the various Heads of departments in advance about the study. It is the responsibility of the researcher to establish rapport with the respondents.

Reliability and Validity of Research Instrument

Reliability

The questionnaire was tested for reliability by using Cronbach Coefficient Alpha to determine the internal consistency of the items. This is a method of estimating reliability of test scores by the use of a single administration of a test (Mugenda and Mugenda, 1999). For the purpose of this study, the items were considered reliable when they yielded a reliability coefficient of 0.70 and above. The value of Cronbach Coefficient Alpha is generally required to be over 0.70. The reliability of the elements associated with organizational culture, institutional leadership, training and development, technology and institutional challenges. The items on elements associated with organizational culture was 0.960, items on "institutional leadership" was 0.944, items on "training and development" was 0.869, items on "technology" was 0.950 and items on "t institutional challenges" was 0.847.

Validity of the Instrument

To test the validity of the research instrument, the questionnaire was prepared and submitted to the supervisor and other research experts for cross checking and also to assess the relevance of the content. The questionnaires were pre-tested, modified and free from ambiguity. Pilot study was carried out three weeks prior to the main study in Kisumu Provincial General Hospital in order to establish the construct validity of the schedules.

4. DATA ANALYSIS, PRESENTATION AND INTERPRETATION

Response rate and missing data

The data contained responses from the respondent's questionnaire. A total of 150 questionnaires were returned out of the 188 that were given out generating a response rate of 80%. A total of 150 questionnaires were therefore used in the data analysis.

Missing value analysis was performed to check for patterns of missing data and the sizes of the missing values. Missing value analysis was designed to highlight patterns of missing values as well as to replace them in the data set. The missing value analysis results showed that the percentage of missing values was less than 20%. This was consistent with most studies with large sample sizes given that almost any procedure for handling missing values was expected to yield similar results (Saunders et al. 2007).

Assessment for Normality

Generally, the assumptions include independence of error, homogeneity of variable and normality. Normality in particular can often be addressed prior to hypothesis testing through data screening procedures. Normality is a test that each variable and all linear combinations of the variable are normally distributed (Kline, 1998). Normality of the variables in the data set was examined using Skewness and Kurtosis. Previous research has suggested that appropriate Skewness values are those that range from -2 to +2, while Kurtosis values for appropriate "Peakedness" are those that range from -6 to +6 (Bryne, 1998). The score of Skewness and Kurtosis on each item was therefore analyzed and reported.

Table 4.1: Reliability of the scales through Croncobach's alpha coefficients

Scale	No. of items	Coefficients
Elements associated with organizational culture	9	0.960
Institutional leadership	6	0.944
Training and development	4	0.869
Technology	6	0.950
Institutional challenges	6	0.847

Source: Researcher (2015)

Respondents Demographic Characteristics

The results indicate that there were 57 (38%) male and 93 (62%) female respondents in the study sample. The age distribution of the respondents was: 12 (8%) were aged under 25 years; 25 (16.7%) were aged in the interval 25-35 years; 76(50.7%) were aged in the interval 36-45 years; while 37 (24.6%) were aged in the interval 46-55 years. The sample included 95(63.3%) respondents who were married; 44 (29.3%) who were single, and 11(7.4%) who were widowed. The distribution of the respondents level of education indicated that 38 (25.3%) of the respondents were of certificate level of education; 69 (46.0%) were of diploma level. Out of the 150 respondents, a majority, 42 (28%), had nursing qualifications; 29 (19.3%)

had qualified in administration, 31 (20.7%) were qualified clinical officers; 11 (7.3%) each were qualified in accounting and ICT respectively, 14 (9.3%) had qualification in human resource while 12 (8.0%) were qualified in procurement.

These arising from results that most of the respondents in the study sample were married females aged 25-35 years. They were mainly nurses having diploma level of education. It implies from table 4.1, 62% of the respondents were female. This finding agreed with the Kenya National Demography Survey (KNDS, 2005) report, there are more females in Kenya than male counterparts. The notion was established by earlier census of 1999 (GoK, 1999). Therefore, gender was not evenly factored in the implied conclusions.

Respondents work experience

Analysis of the respondents work experience produced the descriptive statistics presented in table 4.3.

Table 4.3 Descriptive Statistics for Respondents Experience.

	N	MIN	MAX	MEANS	STD. DEV.	SKEWNESS
EXPERIENCE	150	3	15	9.12	3.504	-0.178

Source: Survey Data (2015)

As shown from the table, the sample comprised individuals with an average experience of 9.12 years. The least experienced respondent has been in the hospital for 3 years while the most experienced has been in the hospital for 15 years. The skewness value of -0.178 indicates that most of the respondents have many years of work experience.

The Relationship between Institutional Leadership and Management of Change

The association between the institutional leadership on one hand management of change on the other was investigated using correlational analysis. The results of this analysis are displayed in table 4.7.

Table 4.7: The relationship between institutional leadership and Management of change (significant at the 0.05 level)

Independent variable	Dependent variable	Correlation coefficient	Significance(P)
Institutional Leadership	Management of change	0.783	P< 0.05

Source: Survey data**.**

The results indicate a significant positive correlation between leadership, knowledge and skills and management of change (r= 0.783, p < 0.05).

These results imply that the culture of leadership relates positively with management of change. Therefore, good leadership, armed with the right knowledge and skills is likely to ease the management of change and vice versa.

The role of training and development in management of change.

An examination of the association between the level of training and development and management of change revealed the information presented in table 4.9 below.

Table 4.8 The relationship between the level of training and development and management of change (Significance at the 0.05 level)

Independent variable	Dependent variable	Correlation coefficient	Significance (P)
Level of training and development	Management of change	0.309	P< 0.05

Source: Survey data

The results indicate that there is a positive correlation between the level of training and development and management of change (r=0.3.9, P<0.05). This high level of training and development are likely to boost ability to manage change and vice versa. Therefore, training and development facilitate the updating of employees skills and lead to increase their commitment to duties, well-being and sense of belonging. It provides an avenue for the staff to maximize their talents in the hospital and enhancing their intellectual capacity.

5. SUMMARY OF FINDINGS, DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Discussion of the findings

The purpose of the study was to establish the relationship between organizational culture and change management in health sector in Kenya: A case of Kakamega Provincial General Hospital; the study has indicated a variety of background demographic characteristics of the respondents. Demographic characteristics include: age, gender, marital status, education level and professional qualification. In addition, five thematic issues were analyzed. These included: institutional leadership, training and development, role of technology and challenges encountered in managing change and change management strategies. Analysis of the respondent's questionnaire revealed the following findings;

The relationship between institutional leadership and management of change in Kakamega Provincial General Hospital

The current study established that there is a strong positive correlation (r=0.783) between institutional leadership on the one hand and management of change on the other. Furthermore, this correlation was significant at the 0.05 level. These findings show that in the case of Kakamega Provincial General Hospital, the culture of leadership impact directly on management of change. Good leadership is therefore likely to ease the management of change.

The findings that good leadership impacts positively on management of change concurs with the guidelines given by Gongera (2002), that the achievement of sustainable change requires commitment and visionary leadership from the top, understanding of the culture of the organization and the levels for change, which are most likely to be effective in that culture of the organization and the levels for change, which are most likely to be effective in that culture. Indeed, the importance of institutional leadership in the change process was best emphasized by Graetz (2000) who stated that "Against the back drop of increasing globalization, deregulation, the rapid pace of technological innovation, a growing

knowledge workforce and studying social and demographic trends, few would dispute that the primary task of management today is the leadership of organizational change."

As observed by Konzes and Posner (1995), leaders need therefore to among others: investigate change, inspire a shared vision, thereby initiating a new culture, reducing the power distance by delegating and encouraging diversity of opinion, leading by example and using a more nurturing and mentoring approach. By so doing, the staff is likely to receive change positively and consequently easily manage the change. These views were well captured by Nauns (1992) who concurred that, "There is a more powerful engine driving an organization towards excellence and long range success than an attractive, worthwhile, and achievable vision of the future, widely shared". Consequently, the crux of the matter for any leader who intends to overcome the resistance of organizational culture to change, is to first come up with a comprehensive vision and then to explain it in terms that are intelligible to the whole of the organization. Thus, a management must indeed act in accordance with the vision so as to impart meaning to staff, as to how to interpret events that are being played out during periods of change.

The role of training and development in managing change at the Kakamega Provincial General Hospital.

Regarding training and development, the current study established that the levels of training in the staff was high with a majority of the staff and 112 (74.7%) reporting that they were of diploma level and above. The study further established that there is a positive correlation between training and managing change at the Kakamega Provincial General Hospital.

This finding is consistent with other empirical study findings which provided evidence to the effect that training and development facilitate the updating of skills, and lead to increased commitment, well-being and sense of belonging, thus directly strengthening the organizations competitiveness (Acton and Golden, 2002; Karia and Ahmad, 2000; Karia, 1999). Zwell (2000) also observed that a successful culture fosters employees' development and encourages employees to become actively engaged in the activities of the organization. The study established that the level of training and development among the Kakamega Provincial General Hospital employees provided an avenue for the staff to maximize their talents in the hospital besides enhancing their intellectual capital.

Summary of findings

The study, through the sample of hospital staff established that teamwork culture, organizational communication, leadership culture, capacity building and to a smaller extent the culture of commitment was being practiced at the Kakamega Provincial General Hospital. These finding of the study showed that the culture of leadership, knowledge and skills relate positively with management of change. As shown from the study finding, there is a significant positive correlation between the culture of internal communication and management of change. The study established that the level of training and development among the Kakamega Provincial General Hospital staff is positive correlation between the level of training and development and management of change. This provided an avenue for the staff to maximize their talents in the hospital besides enhancing their intellectual capital.

Conclusion

From the findings of the study, it can be concluded that this study provided an opportunity to understand the organizational characteristics and relationship between organizational culture and change management in the Kenyan health sector. Within the non-profit sector, especially in health sector and social services, change is a constant factor.

From the findings of the study, it can be concluded that there is a significant relationship between institutional leadership and management of change in Kakamega Provincial General Hospital. The findings indicated that at Kakamega Provincial General Hospital, the culture of leadership impact directly on management of change. Therefore, the importance of institutional leadership in the change process is paramount for survival of organization.

Findings of the study, it is concluded that the level of training and development among the personnel of Kakamega Provincial General Hospital provided an avenue for the staff to maximise their talents and updating their skills, hence, positive outcome for management of change. The correlation test of analysis further indicate that there is a significant relationship between the level of training, development and managing change at the Kakamega Provincial General Hospital.

Recommendations

The research focused on the relationship between organizational culture and change management in Health sector in Kenya. The research has been restricted to Kakamega Provincial General Hospital. The recommendations presented relate to the specific findings of the study and to a broader policy perspective. Based on the foregoing discussion of the findings and conclusion, this study recommends the following:

It is critical for these types of organizations to develop strategic means to manage and efficiently respond to the continuous changes. Ultimately a strong positive culture and effective management of change can strengthen an organization in their strategic environment while leading to improved financial health, vitality, and in the end serving clients more effectively.

In addition, the findings prescribe potential implications for top management to review their organizational culture dimensions, consistent with the training needs of the employees within the organizations. Hence,

employees will be more likely to perform better and to feel a higher level of commitment towards the organizations.

Because the future is unknowable, and because surprises are certain, one's chances of developing the "right" policy are not good. Survival and growth in these turbulent times depend partly on what you do (management of change) and largely on how you do it (implementation). The ability to change direction fast, realign resources and move forward aggressively, is vital. Now, as never before, deep introspection, hard trade-offs and creative thinking which is key to creating an organization that is at once disciplined and flexible, single-minded and open-minded, patient and aggressive, cautious and bold.

Further Research

The present study was carried out in a hospital environment where nurses tend to spend relatively long periods in one ward. In organizations where employees are more mobile within the organization, there may not be time to form a well-defined subculture that can have significant impact on management of change. Furthermore, it was assumed that a ward would constitute a subculture; subsequent research might want to empirically determine that rather than assume it. The literature also suggests that subcultures can form around a number of possible dimensions; future research might look at other types of subcultures formed around, for example, professions or occupations.

This study employed a descriptive survey design. In any model in which causal relationship is suggested, longitudinal studies provide for stronger inferences. Thus, the research design developed and tested in this study could benefit from being tested in a longitudinal design. For this reason, longitudinal studies of organizational culture dimensions are strongly recommended and long overdue.

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